POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby appoint: Practitioners associated with the Customer Number: 021569 OR	I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name							
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name	✓ Prac	titioners associated with the Customer Number:	0	021569			
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3,73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3,73(b) to: V	OR L						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: V	Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):						
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: OR The address associated with Customer Number: O21569 OR City Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive		Name					
any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: V			7,0071,0041			riginger	
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The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	any and all patent applications assigned dnig to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3,73(b).						
City State Zip Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:						
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Firm or Individual Name Address City State Zip Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	The address associated with Customer Number: 021569						
City State Zip Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive							
City State Zip Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	;						
Country Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	Address						
Telephone Fax Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	City		State		Zip	Zip	
Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	Country						
Assignee Name and Address: Caliper Life Sciences, Inc. 605 Fairchild Drive	Telephone Fax						
Caliper Life Sciences, Inc. 605 Fairchild Drive	L		***************************************				
605 Fairchild Drive	Assignee Name and Address:						
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be							
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee.							
and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature Stoles CVKV Date 7/25/06							
Name Stephen E, Creager Telephone 850-623-0412					180010	<u> </u>	
Title Vice President & General Counsel		······································		1 10	-6.000 000-020-04	12	

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes. to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.